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## BIB DATA SHEET

CONFIRMATION NO. 3836

<b>SERIAL NUMBER</b> 10/575,870	<b>FILING or 371(c) DATE</b> 04/17/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> P08883US00/MP		
<b>APPLICANTS</b> Robin Paul Martin, Wheldrake, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB04/04567 10/28/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0325130.3 10/28/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/08/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MICHAEL G BOGART/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 23	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614 UNITED STATES						
<b>TITLE</b> Wound cleansing apparatus with scaffold						
<b>FILING FEE RECEIVED</b> 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			